TEAM MEMBER ROSTER

Team/Entry Name _____ Event Attending _____

Division Name _____

Participant Name (School Teams ONLY)	Grade	Date of Birth	Age as of 8/31	Gender M/F

I confirm that all information listed above is accurate and that all participants listed on this Team Member List are registered in the correct division. Proof must be available up request. Signature must be provided in order to complete the team list.

Coach's Signature_____ Date_____